work/productivity was measured by the validated Work Productivity and Activity Impairment (WPAI) instrument. MRU was measured by traditional health care provider, emergency room (ER) visits and hospitalization in the past 6 months. Comparisons were made between respondents who reported as diagnosed with AS (excluding other auto-immune diseases) vs. respondents without AS (non-AS group). **RESULTS:** Of 19,954 survey respondents, 52 (0.26%) were diagnosed with AS. The average age was 43.0 (SD 13.5) years with 57.7% of males. AS group reported higher Charlson comorbidity index score than in non-AS group (1.4 vs. 0.2). The most common comorbidities (>25% of patients) were headache, insomnia, gingivitis, body pain, sleep difficulties, arrhythmia, anxiety and arthritis. AS group had lower mean scores of PCS (42.9 vs. 49.6) and MCS (44.1 vs. 46.2), more patients visited health care providers (71.2% vs. 49.7%), ER (30.8% vs. 17.6%) and hospitalized (19.2% vs. 5.7%) in the past 6 months vs. non-AS group. Also, AS group reported more work productivity loss (absenteeism/presenteeism) with 40.1% vs. 23.3% and impairment in daily activity with 36.7% vs. 20.3% in non-AS group. All comparisons between AS and non-AS groups were statistically significant at P< 0.05, except MCS. **CONCLUSIONS:** From the China NHWS results, AS patients suffer from impairment in quality of life, work/productivity loss, more co-morbidities and use of medical services. The findings indicate there is still an unmet medical need in AS patients in China.

PMS18

IMPACT OF ETANERCEPT-METHOTREXATE THERAPY ON PATIENT-REPORTED OUTCOMES IN MODERATELY ACTIVE RHEUMATOID ARTHRITIS (RA) PATIENTS OF EUROPE, LATIN AMERICA, AND ASIA

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OBJECTIVES: To compare patient-reported outcomes (PROs) achieved with sustained, reduced, or suspended etanercept (ETN) in combination with methotrexate (MTX) over 52 weeks after induction of sustained response with combination ETN/MTX therapy in a sub-analysis of the developing countries from the multinational PRESERVE trial. **METHODS:** Data from 9 developing countries of Asia, Latin America and Europe were included in this sub-analysis. Patients with moderately active RA (DAS28 of >3.2 and ≤5.1) who achieved DAS28 low disease activity (LDA; DAS28 ≤3.2; average Weeks12–36 and at Week 36) during the 36-week open-label induction phase with ETN 50mg QW plus MTX (E50/M) were randomized to double-blind treatment with E50/M, ETN 25mg QW plus MTX (E25/M), or placebo plus MTX (P/M) for an additional 52 weeks. PROs included Health Assessment Questionnaire (HAQ), EuroQol-5D (EQ-5D), Functional Assessment of Chronic Illness Therapy (FACIT), Medical Outcomes Study sleep problem index II (MOS), and Brief Pain Inventory (BPI). **RESULTS:** Of 491 patients enrolled, 388 were randomized blindly at Week 36: E50/M (n=127), E25/M (n=134), or P/M (n=127). Significant improvement from baseline (P<0.0001) in all PROs was observed with E50/M at Week 36. Adjusted mean changes in HAQ, EQ-5D, BPI and MOS from Weeks 36–88 were statistically significantly smaller with E50/M and E25/M versus P/M (P<0.05), indicating less deterioration. Adjusted mean change in FACIT was significantly smaller for E50/M but not E25/M versus P/M (P<0.05). A higher percentage of patients in the E50/M (57.5%) and E25/M (56.0%) groups had a HAQ ≤0.5 compared to those in the P/M group (43.3%) at Week 88 (P<0.05). **CONCLUSIONS:** In patients with moderate RA, after induction and maintenance of LDA, ETN full- and reduced-dose regimens were superior to step-down treatment with MTX alone in their effects on functional and quality of life endpoints. Minimal differences in PROs were observed between the full- and reduced-dose treatment groups.

PMS19

INVESTIGATION OF COMPARATIVE CLINICAL OUTCOMES PROFILES AND COST EFFECTIVENESS OF FOUR CLASSES OF ANTI ARTHRITIC DRUGS USING HAQ DI, DAS -28 AND EQ5D3L IN A TERTIARY CARE HOSPITAL IN WESTERN INDIA

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OBJECTIVES: The objective of the present investigation was investigation of comparative clinical outcome profile and cost effectiveness of DMARDs, NSAIDs, steroid steroids, herbal drugs. **METHODS:** It was prospective, longitudinal, open label, parallel group study consisting of four groups with 40 patients in each cohort. The patients were grouped according to the treatment received (DMARDs, NSAIDs, steroid steroids, IL-1β inhibitors). The data regarding health outcome and costs was assessed before and after the three month regimen using HAQ DI, DAS -28, VAS and EQ5D3L and case report form. **RESULTS:** The mean change in scores of patients subjected to HAQ DI was 0.54 in DMARD; 0.46 in NSAID; 0.50 in steroid drug treated and 0.63 in IL-1β inhibitor treated cohorts. The mean change in scores of patients subjected to DAS-28 was 0.54 in DMARD; 0.52 in NSAID; 0.79 in steroid drug treated and 1.39 in IL-1β inhibitor treated cohorts. The mean change in scores of patients subjected to VAS was 15 in DMARD; 11 in NSAID; 2.4 in steroid drug treated and 39 in IL-1β inhibitor treated cohorts. The mean change in scores of patients subjected to EQ5D3L was 0.26 in DMARD; 0.41 in NSAID; 0.39 in steroid drug treated and 0.72 in IL-1β inhibitor treated cohorts. The mean values varied significantly among all the groups (p<0.01). The average cost effectiveness was 331.48 for DMARD; 206.52 for NSAID; 224.32 for steroid drug treated and 188.41 for IL-1β inhibitor treated cohorts. The QALDs in each treatment group which was 18 in DMARD; 15 in NSAID; 12 in steroid drug treated and 25.5 in IL-1β inhibitor treated cohorts. The incremental cost effectiveness ratio was determined between IL-1β and DMARD and was found to be equal to 0.15. **CONCLUSIONS:** IL-1β inhibitor therapy is the most cost effective for rheumatoid arthritis in western Indian population.

PMS20

PATIENTS REPORTED OUTCOMES IN PATIENTS WITH RHEUMATOID ARTHRITIS AND ANKYLOSING SPONDYLITIS TREATED WITH GOLIMUMAB: SUB-ANALYSIS OF ASIA POPULATION ENROLLED IN MULTICENTRE PHASE III CLINICAL TRIALS

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OBJECTIVES: Examine improvement in physical function, HRQOL & work productivity in a subset of Asian patients from the golimumab (GLM) RA & AS trials. **METHODS:** RA patients with inadequate response to MTX in GO-FORWARD (N=444) & AS patients despite NSAID/DMARDs in GO-RAISE (N=356) were randomized to SC GLM (50or100mg) or placebo q4wks. At wk16, RA patients with <20% improvement in tender & swollen joint count or AS patients with <20% improvement in both total back pain & morning stiffness entered early escape (i.e.,placebo received GLM 50mg & GLM 50 mg received GLM 100mg).Physical function was assessed using HAQ (0-3) in RA & BASFI (0-10) in AS. HRQOL was assessed using SF-36 PCS (0-100) & SF-36 MCS (0-100). Impact of disease on work productivity was assessed using a productivity VAS (0-10). Clinically meaningful improvement was defined as improvement of ≥0.25 point in HAQ, ≥2 points in BASFI or ≥5 points in SF-36 PCS & MCS. **RESULTS:** At baseline, RA patients (N=48) had a mean HAQ score of 1.35, & AS patients (N=83) had a mean BASFI score of 3.25; PCS & MCS were 31.5 & 42.5, respectively, in RA, & 33.2 & 41.3 in AS; productivity VAS was 5.6 in RA & AS. Compared to placebo+MTX-treated RA patients (N=22), GLM+MTX-treated patients (N=26) had greater mean improvement in HAQ (0.54 vs -0.01, p<0.01), PCS (7.9 vs -0.40, p<0.01) & work productivity (-2.4 vs -0.4, p<0.05), the change in MCS was not statistically significant (3.0 vs 2.1, p>0.05). Compared to placebo-treated AS patients (N=17), GLM-treated patients (N=66) had greater mean improvements in BASFI (1.51 vs 0.28, p=0.05), MCS (5.3 vs -1.1, p<0.05) & work productivity (-2.9 vs -0.9, p<0.05); change in PCS was not statistically significant (9.0 vs 5.7,p>0.05). Greater proportions of RA patients in GLM group than placebo achieved clinically meaningful improvement in HAQ (73.1% vs 30%, p<0.01), PCS (61.5% vs 25%, p=0.01) & MCS (50% vs 35%,p=0.31); in AS, similar trends in clinically meaningful improvement in BASFI, PCS & MCS observed between groups. Improvements in HAQ, BASFI, SF-36 & work productivity in GLM-treated patients were sustained over wk52 and 104, & were consistent across populations (Asia vs non-Asia). **CONCLUSIONS:** Patients from Asia with RA or AS treated with GLM demonstrated improved physical function & HRQOL.

PMS21

FUNCTIONAL IMPAIRMENT, DISEASE ACTIVITY, AND DURATION OF DISEASE INDEPENDENTLY AFFECT THE QUALITY OF LIFE IN PATIENTS WITH RHEUMATOID ARTHRITIS

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OBJECTIVES: Rheumatoid arthritis (RA) has an extensive impact on quality of life (QOL) in RA patients. The aim of this study was to determine the effects of functional impairment, disease activity and duration of disease on QOL after controlling other risk factors. **METHODS:** This was a cross-sectional study comprised of 230 consecutive patients with RA from a rheumatology clinic. Quality of life was measured using Taiwan version of short form of World Health Organization Quality of Life (WHOQOL-BREF) questionnaire. Disease activity was assessed by the Disease Activity Score 28 (DAS28), functional disability by the Health Assessment Questionnaire (HAQ). Data on demographics, duration of disease, and income level were also collected. The QOL of the RA patients was compared with 229 age-, sex-, marriage-, and education-matched healthy control patients taken from a national survey in Taiwan. Multiple regression analyses were conducted to study predictors for impairment of QOL. **RESULTS:** RA patients have significantly lower score in physical and psychological domain compared with healthy population, but they showed a higher score in the environment domain of WHOQOL-BREF. After adjustment of HAQ, age, and other factors, we found DAS28 score and duration of disease significantly affect the QOL on almost all four domains. **CONCLUSIONS:** Functional impairment, disease activity and duration independently affect the QOL of RA patients. Future outcome research must take account of all these factors.

PMS22

IMPROVEMENT ON QUALITY OF LIFE AND DAILY FUNCTION IN RHEUMATOID ARTHRITIS PATIENTS TREATED WITH INFLIXIMAB IN CHINA

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OBJECTIVES: Rheumatoid Arthritis (RA) is a seriously debilitating disease affecting 37 in every 1000 adult populations in China. We assessed symptoms, functionality, and quality of life in RA patients who are treated with Infliximab in China. **METHODS:** A multi-center study was conducted from June 2009 to October 2011 in RA patients at 37 urban hospitals in 21 cities in China. Symptoms were measured by morning stiffness, and pain Visual Analogue Scale (VAS) scores defined from 0 (no pain) to 100 (severe pain). The Health Assessment Questionnaire (HAQ) was used to measure functional status (scores 0-3). Quality of life was measured by the mental (MCS) and physical component summary (PCS) scores of the Short Form-12 (SF-12). Comparisons were made between patients who were treated Infliximab at

baseline and follow ups (experienced-Infliximab group, EIG) and those who were not treated with Infliximab at baseline but went on Infliximab treatment at the follow ups (new-Infliximab group, NIG). **RESULTS:** Of the 427 RA patients, 48 (11.2%) used Infliximab before, 83% were female, and the average age was 45 years old. The average duration of RA was 6 years, with almost 40% patients suffering RA more than 5 years. At baseline, the mean scores reported from the patients in EIG were: morning stiffness 31min, pain 45, HAQ 0.65, MCS 47 and PCS 38, which were all significantly better than patients in NIG. After 14 weeks Infliximab treatment, NIG patients improved significantly in morning stiffness (-55.6min), pain (-38.5), HAQ (-0.6), MCS (-16.2) and PCS (-15.6) than baseline (all $P<0.0001$). **CONCLUSIONS:** RA patients using Infliximab have better quality of life and daily function activities than those not using Infliximab before. Our findings also indicate that, it is essential to continue or initiate treatment with Infliximab to improve outcomes and quality of life in RA patients in China.

PMS23

HEALTH RELATED QUALITY OF LIFE, MEASURED BY THE SHORT FORM-36, OF PATIENTS WITH RHEUMATOID ARTHRITIS AND ANKYLOSING SPONDYLITIS IN AN URBAN POPULATION OF CHINA

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OBJECTIVES: To report results of HRQOL in Chinese patients with rheumatoid arthritis (RA) and ankylosing spondylitis (AS). **METHODS:** Adult patients >18yrs diagnosed with RA or AS were recruited through referrals by physicians in 11 cities(tier 1 and tier 2 level) in China: Beijing, Shanghai, Guangzhou, Tianjin, Wuhan, Nanjing, Hangzhou, Shenyang, Chengdu, Taiyuan, and Shijiazhuang. Patients should have worked and stayed in the city >1yr. Disease severity was classified as mild, moderate and severe based on physician's subjective assessment. A Chinese version of the Short-Form(SF)-36 (version 2) was completed by patients. A norm-based scoring system developed from Chinese population(Hong Kong) was used to derive 8 subscales: physical functioning(PF), role-physical(RP), bodily pain(BP), general health(GH), vitality(VT), social functioning(SF), role-emotional(RE), and mental health(MH); and physical and mental component summary(PCS and MCS) scores. Each score ranges from 0 to 100 with higher scores representing better HRQL. Descriptive statistics are presented. **RESULTS:** Adult patients with RA(N=250, 94 male and 156 female) and AS(N=150, 81 male, 69 female) were enrolled and completed the SF-36 questionnaire. Overall, patients demonstrated low scores (<50) in all 8 SF-36 subscales, especially in PF (31.3+16.7 vs 32.4+15.1), BP(34.7+9.4 vs 35.0+8.1) and SF(33.6+13.3 vs 33.0+12.8), for RA vs AS, respectively. The PCS and MCS scores were 35.5±10.4 and 45.3±10.4, respectively, in AS patients and 34.7±11.7 and 46.3±9.6, respectively, in RA patients. These scores decreased with increase in disease severity and age, but remained consistent with no significant differences between men and female. **CONCLUSIONS:** SF-36 scores in Chinese patients with RA or AS were lower compared to the general Chinese population with chronic diseases including cardiovascular disease and diabetes, indicating major impairment in HRQOL.

PMS24

A SYSTEMATIC REVIEW OF EXISTING UTILITY WEIGHT ESTIMATES IN RHEUMATOID ARTHRITIS

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OBJECTIVES: Cost-utility analysis is increasingly important to market access decisions in a growing number of countries including Australia. The ability to attach utility values to health states is an essential component of cost-utility analysis. The primary aim of this review was to identify appropriate utility weights in rheumatoid arthritis (RA) in Australia. The review also aimed to evaluate existing quality of life (QoL) measures used in RA and identify the key issues associated with the use of these measures. **METHODS:** Systematic methods were used to search the English language literature for studies reporting health-related utilities for RA. The literature search covered a wide range of electronic databases (EMBASE, Medline, Cochrane Library), and included literature from the inception of database to January 2012. **RESULTS:** The search identified 28 studies: 2 from Australia and 26 from other countries. Both Australian studies reported mean EQ-5D utility values for Australian patients with RA. One of the Australian studies also found that the HAQ scores explained more of the variance in the HUI3-derived than EQ-5D-derived utility weights, and that RA-affected joint counts had negligible explanatory power for patient utility. Review of the other 26 studies found that a variety of QoL instruments were used. All instruments were found to be valid measures for QoL in patients with RA and appeared to adequately discriminate across levels of RA severity. Nevertheless, each instrument revealed strengths and weaknesses, which prevented the recommendation of one instrument in favour of the other. **CONCLUSIONS:** This review of utility weights for RA revealed a high level of uncertainty about the evidence base that informs cost-utility analyses in this disease area. There is no conclusive evidence to date as to which measure is the best for use in RA.

NEUROLOGICAL DISORDERS - Clinical Outcomes Studies

PND1

PRESCRIBING PATTERNS OF Z-DRUGS AMONG GERIATRIC PATIENTS IN A 2000-BED MEDICAL CENTER IN TAIWAN

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OBJECTIVES: Despite the fact that non-benzodiazepine hypnotics (Z-drugs) are beneficial for the short-term management of insomnia, it is inconclusive about the risk and benefit ratios of long-term use. The aim of this study was to examine the medication use patterns of Z-drugs and its prescribers in a 2000-bed medical center in Taiwan. **METHODS:** We conducted the medication use evaluation study using China Medical University Hospital (CMUH) in-house databases. During the whole year of 2011, those CMUH outpatients ever prescribed with zolpidem and zopiclone were of interest. Their prescription prevalence rate of Z-drugs, its average number of defined daily dose (DDD), prescriber specialties and demographic characteristics were examined using descriptive analyses. **RESULTS:** In 2011, 2,261 and 2,885 patients were ever prescribed with at least one prescription with zolpidem and zopiclone, respectively, in the outpatient units in CMUH. While more female were prescribed with Z-drugs, 40% of zolpidem users and 32% of zopiclone users were elderly. Within one year period, the average prescription number of zolpidem and zolpiclone were 5.47±4.78 and 4.3±4.38, respectively. While the average durations for each prescription were 25±7 days for zolpidem and 23±8 days for zolpiclone, respectively. 25% of zolpidem users and zolpiclone users were prescribed 9 to 43 times and 6 to 52 times, respectively. The top three prescribers were neurologist, cardiologist, and psychiatrist, which in total had accounted for 63.01% and 46.96% of zolpidem and zolpiclone prescriber specialties, respectively. **CONCLUSIONS:** There is a tendency to have long-term use of zolpidem and zopiclone among CMUH outpatients. Those common prescribers of Z-drugs should be warranted for its consequences of long-term use, especially among the elderly.

PND3

THE POPULATION-BASED IMPACT OF MS IN ASIA

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OBJECTIVES: Despite global advancements in disease reporting, the epidemiology of multiple sclerosis (MS) in Asia is not well reported. MS rates in Asia are low compared to Europe and North America, but are now thought to be increasing. Globally, the median prevalence of MS is 30/100,000. Our goal is a systematic search of epidemiologic studies of MS in Asia to determine accurate epidemiologic and treatment cost estimates. **METHODS:** This systematic review examined articles published in English over 20 years using MESH terms: MS, incidence, prevalence, mortality and costs in any Asian country. Articles with evidence from population-based samples, based on clinically-defined or laboratory supported MS (e.g., McDonald criteria) diagnoses, and from major Asian countries were retained. Costs were the 2008 estimates from the Global Economic Impact of MS. **RESULTS:** As in other continents, prevalence in Asia is higher in women than men. In the largest country, China, prevalence rates of MS are low (1-2/100,000). In Northern Japan, a much higher prevalence (8.6/100,000) was reported in 2002, an increase from 2.5 in 1975. In Korea, with a population density similar to China, the prevalence was 3.5/100,000, similar to the 3.0/100,000 in Taiwan (2005). Based on an annual cost per patient of $41,335 (USD international), 2008 estimated costs in China due to MS exceed $1 billion. In Japan, with 10 times fewer people, the costs exceed $452 million. **CONCLUSIONS:** Data from many Asian countries is limited and often from case-series designed to review clinical characteristics. Larger epidemiological and cost-based studies in various populations are still needed. Recent evidence suggests a higher prevalence than previously thought, possibly a result of better ascertainment driven by increased diagnostic awareness. This review supports the development of effective medications and additional research to better understand the unmet medical need and economic burden driven by MS in Asia.

NEUROLOGICAL DISORDERS - Cost Studies

PND5

BUDGET IMPACT OF ORAL PROLONGED-RELEASE FAMPRIDINE FOR MANAGEMENT OF WALKING DISABILITY ASSOCIATED WITH MULTIPLE SCLEROSIS IN TAIWAN

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OBJECTIVES: Prolonged-release (PR) fampridine is a first-in-class treatment for the management of walking disability in multiple sclerosis (MS). The purpose of this study was to evaluate the budget impact of PR-fampridine introduction in the treatment of MS patients with an Expanded Disability Severity Scale (EDSS) score between 4.0 and 7.0 in Taiwan. **METHODS:** A budget impact model was developed with a monthly cycle Markov-chain to evaluate the cost implications of PR-fampridine use to the Taiwan health care payer. All costs in the model were sourced from the Taiwan National Health Insurance formulary and are presented in Taiwan dollars (NT$). Response rates of 35% and 43%, derived from pivotal Phase III trials of PR-fampridine, were applied. The budget impact was calculated for a 5-year time horizon. The base case analysis included the treatment costs of PR-fampridine only. Sensitivity analyses were conducted on the impact of PR-fampridine on direct costs and on market share. **RESULTS:** For the year 2012, the model estimated 79 patients with EDSS between 4.0 and 7.0 and walking impairment eligible for PR-fampridine treatment. Budget impact after the introduction of PR-fampridine using a patient response rate of 35% was NT$241,000 rising to NT$3,225,000 over the 5-year time horizon. Applying a 43% response rate resulted in a budget impact of NT$285,000 in 2012 which equates to a 3.61% increase in spending. **CONCLUSIONS:** Walking difficulty is one of the most commonly reported disabilities in MS patients and PR-fampridine is the only medication indicated for symptom alleviation. The introduction of PR-fampridine leads to a manageable budget impact in Taiwan as